Rec'd PCT/PTO 15 JUL 2005 S 10/542261

PTO/SB/81 (11-04)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM Application Number Filing Date First Named Inventor Title Art Unit Examiner Name Attorney Docket Number | 5/36NP

		Attorney Docket Na		31367		
I hereby revoke all	previous powers of attorney gi	ven in the above-ide	entified applic	ation.		
I hereby appoint:				1		
	ociated with the Customer Number:	000	293			
Practitioner(s) na	med below:					
	Name		Registra	tion Numbe	r	
Ralph A. Dowell			2	6868		
Wendy M. Slade			5	3604		
as my/our attorney(s) or Trademark Office conne	r agent(s) to prosecute the application	identified above, and to t	ransact all busir	ness in the l	Jnited States Pa	itent and
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OR	associated with Customer Number:			<u></u>		
Firm or Individual N	lame Ralph A. Dowell of DOWELL	& DOWELL, P.C.				
Address	Suite 406, 2111 Eisenhower	Avenue				
City	Alayandria	State	IVA	. 1	Zip 22314	
City	Alexandria US	Otate	1474			
Telephone	703 415 2555	Fax	703 415 2559			
I am the:	700 410 2000		-			
X Applicant/Inve	ntor.					
	cord of the entire interest. See 37 CFF	⊋ 3 71				
Statement und	der 37 CFR 3.73(b) is enclosed. (Form	PTO/SB/96)				
	SIGNATURE of	f Applicant or Assignee	of Record			
Signature		46		Date	246	6/0)
Name	lame Jean-Michel BONNET DESCUVES Telephone					
Title and Company		V		·		
NOTE: Signatures of all the signature is required, see t	e inventors or assignees of record of the en	tire interest or their represen	tative(s) are requir	ed. Submit m	nultiple forms if mo	re than one
x		•				

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Application Number		
Filing Date		
First Named Inventor		
Title		
Art Unit	,	
Examiner Name		
Attorney Docket Number	1513616	

I horoby royale all	I hereby revoke all previous powers of attorney given in the above-identified application.							
	previo	ous powers or attorney g	iven in the ab	0 V G -1 U C	Sittined applie	Guon.		
I hereby appoint:					~~			
Practitioners associated with the Customer Number:								
OR								
Practitioner(s) na	Practitioner(s) named below:							
	Name Registration Number							
Ralph A. Dowell					2	6868		
Wendy M. Siade					5	3604		7
							<u> </u>	1
as my/our attorney(s) o Trademark Office conn	r agent(ected th	s) to prosecute the application erewith.	identified above	, and to	transact all busin	ess in the	United States Patent	and
Please recognize or ch	ange the	e correspondence address for	the above-identi	fied appl	ication to:			
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The address OR	associat	ed with the above-mentioned (Customer Number	er:		٦		
				00029	3			
The address OR	associa	ted with Customer Number:			<u></u>			
Firm or Individual Name Ralph A. Dowell of DOWELL & DOWELL, P.C.								
Address		Suite 406, 2111 Eisenhower	Avenue					
City		Alexandria		State	VA		Zip 22314	
Country		US		·				
Telephone		703 415 2555		Fax	703 415 2559			
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.								
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature			feed			Date	June 22, 20	05
Name	Vin	cent GERAT	γ			Telephone		
Title and Company								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
X *Total of 3		forms are submitted.	— , ·					

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Application Number		
Filing Date		-
First Named Inventor		
Title		
Art Unit		
Examiner Name		
Attorney Docket Number	15136NP	

I hereby revoke al	l previo	ous powers of attorney given i	n the ab	ove-ide	entified applic	cation.		
I hereby appoint:								
Practitioners associated with the Customer Number:								
OR								
Practitioner(s) named below:								
		Name			Registra	tion Number		
Ralph A. Dowel	l		\top		2	6868		7
Wendy M. Slad	e				5	3604		7
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as my/our attorney(s) of Trademark Office conf	or agent(s) to prosecute the application identi erewith.	fied above	and to	transact all busir	ness in the U	Inited States Patent a	and
Please recognize or ch	nange the	e correspondence address for the ab	ove-identi	ied appl	ication to:			
The address	associat	ed with the above-mentioned Custor	ner Numbe	er:				
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		to the Constant of Newsborn	(00029	3 /			
OR	associai	ted with Customer Number:						
X Firm or Individual	Name	Ralph A. Dowell of DOWELL & DO	WELL, P.C). 				
Address		Suite 406, 2111 Eisenhower Avenu	ie					
City		Alexandria		State	VA	•	Zip 22314	
Country		us						
Telephone		703 415 2555		Fax	703 415 2559			
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant of Assignee of Record								
Signature			V			Date	- 22/66/2	200
Name	Pierre PERILLAT Telephone							
Title and Company								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Total of forms are submitted.								

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DECLARATION FOR UTILITY OR DESIGN	Attorney Dock Number First Named I		5136NP	\longrightarrow				
PATENT APPLICATION	COMPLETE IF KNOWN							
(37 CFR 1.63)	Application Number							
Declaration Declaration	Filing Date							
Submitted OR Submitted after Initial With Initial Filing (surcharge	Art Unit							
Filing (37 CFR 1.16 (e)) required)	Examiner Nan	ne						
I hereby declare that:								
Each inventor's residence, mailing address, and citizenship a	are as stated belov	next to their nam	e.					
I believe the inventor(s) named below to be the original and f which a patent is sought on the invention entitled:	irst inventor(s) of t	he subject matter	which is claimed	and for				
MULTI-AXIS ROBOT PROVIDED WITH A COM	TROL SYSTEM	/						
(Title of	the Invention)							
the specification of which								
is attached hereto								
OR	·							
x was filed on (MM/DD/YYYY) 02/03/2004 /	as United	States Application	Number or PCT	International				
Application Number PCT/FR04/00245 and was amer	nded on (MM/DD/	YYY) 10/29/	2004 (i	if applicable).				
I hereby state that I have reviewed and understand the conte amended by any amendment specifically referred to above.	ents of the above io	lentified specificat	ion, including the	e claims, as				
I acknowledge the duty to disclose information which is m continuation-in-part applications, material information which	became available	between the filing	n 37 CFR 1.56, g date of the pri	including for or application				
and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Foreign Find Foreign Find Foreign Find Foreign Find Foreign Find Find Find Find Find Find Find Fin	ling Date	Priority Not Claimed	Certified Cop YES	y Attached? NO				
0301264 FRANCE 02/04/20								
Additional foreign application numbers are listed on	a supplemental p	riority data sheet F	PTO/SB/02B atta	ched hereto.				

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application OR The address Direct all Correspondence **V** 000293 correspondence to: associated with address below Customer Number: Name Ralph A. Dowell of DOWELL & DOWELL , P.C. Suite 406, 2111 Eisenhower Avenue ZIP City State Alexandria 22314 Country Telephone Fax US 703 415 2555 703.415.2559 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Family Name or Surname Given Name (first and middle [if any]) Vincent Date Inventor's Signature June 22, 2005 Country Citizenship Residence: City State FRX FRANCE French / SAINT JORIOZ Mailing Address 118 Clos des Belhiardes State Zip Country City 74410 FRANCE SAINT JORIOZ A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Given Name (first and middle [if any]) Family Name or Surname PÉRILLAT Pierre Date Inventor's Signature June 22, 200 \$ Residence: City State Country Citizenship French FRANCE NNECY-LE-VIEUX Mailing Address 9 Parc des Raisses City State Zip Country ANNECY-LE-VIEUX 74940 FRANCE

Additional inventors or a legal representative are being named on the

supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION — Utility or Design Patent Application

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Name				-				
Ralph A. Dowell of DOWELL & DO	OWELL, P.C.		÷					
Address								
Suite 406, 2111 Eisenhower Aven	ue							
City				State		.,		ZIP
Alexandria			•	VA				22314
Country		Telepho	ne			Fax		<u> </u>
us	~	703 415 2	555			703 41	<u>5 2559</u>	<u>.</u>
and belief are believed to be statements and the like so many	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR THIRD I	NVENTOR:		Ар	etition ha	s been filed	for this	unsig	ned inventor
Given Name (first and middle	[if any])				Family N			
Jean-Michel					BONN	ET DE	S TU	VES
Inventor's Signature			A	-				Date 24/06/05
Residence: City SAINT FERREOL	State		U	Country FRAN			Citize I	nship French
Mailing Address Impasse de la Trave	ersière					,		
City SAINT FERREOL	State			Z	ip 74210			Country FRANCE
NAME OF FOURTH INVENT	OR:				A petition h	as beer	filed	for this unsigned inventor
Given Name (first and middle	[if any])				Family Na	ame or S	Surnar	ne ·
Inventor's Signature								Date
Residence: City	State			Country	/		Citize	nship
Mailing Address								
City	State		-	Zi	ip		Coun	try
			·		,			<u> </u>
Additional inventors or a legal	representative are be	ing named o	n thes	supplement	al sheet(s) PTC	D/SB/02A	or 02LR	attached hereto.